

# SOCIAL SECURITY

Office of the General Counsel

You may use the attached discrimination complaint form or a letter to file a Civil Rights complaint with the Office of the General Counsel for Social Security. If you file a complaint by letter, it must include the same information requested in the form.

Complaints of discrimination usually must be filed within 180 days of the alleged discrimination. If you have waited longer than 180 days, you must explain why. OGC will waive the 180 day requirement in cases where OGC determines there was good cause (extenuating circumstances) for late filing.

Anyone who believes he or she or a class of people have been discriminated against by the Social Security Administration (SSA) may file a complaint, or may have a representative file such a complaint. To file a complaint, please mail a completed and signed discrimination complaint and a signed consent and release to:

Social Security Administration  
Office of the General Counsel  
Office of General Law  
Suite No. 56, P.O. Box 26430  
Baltimore, MD 21207

You may also call (410) 965-3166. If you have any questions or wish to discuss this matter, you may also write to us at the above address or call the above number. We will ensure that the individual's or group's civil rights are preserved and work to correct any problems we find within SSA.

General Counsel  
of Social Security

Enclosures:  
Discrimination Complaint Form  
Consent and Release Supplemental Form

## PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. & 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about an hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

## USES OF PERSONAL INFORMATION FOR INVESTIGATIONS

The information collection is authorized by 5 U.S.C. § 301; 29 U.S.C. §791 et. seq.; 42 U.S.C. §§902(a)(5), 1305 note. Those statutes require the agency not to discriminate on the basis of disability and authorize the Commissioner establish policies to prohibit Social Security Administration and SSA employees from discriminating based upon race, color national origin, sex, age, religion, or retaliation in any program or activity conducted by SSA,

There are two federal laws governing personal information given to all Federal agencies, including the Office of the General Counsel (OGC):

- The Privacy Act of 1974, (U.S.C. Sec. 522a); and
- The Freedom of Information Act, (5 U.S.C. Sec. 522).

**The Privacy Act** protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and that can be located by the name, social security number, or other personal identification system.

OGC will use personal information for authorized civil rights activities and other Privacy Act routine uses. Generally, OGC will not release information unless the person who supplied the information submits a written consent, or unless release is required under the Freedom of Information Act or other Federal statute or regulation. However, OGC can refer complaints to other Federal agencies, such as the Department of Justice, the Department of Labor and the Equal Employment Opportunity Commission, without the person's prior consent. This authority is provided under the "routine use" exception of the Privacy Act.

OGC may give/release information to other government agencies, such as the Department of Justice, when an SSA component has violated civil rights laws or regulations.

OGC cannot require a person to give personal information, and OGC will not impose sanctions on a person who refuses to provide personal information. **However, if, as a result of this refusal, OGC cannot investigate the allegations of discrimination, OGC may close the investigation.**

**The Freedom of Information Act (FOIA)** gives the public the right of access to files and records of the Federal government. With some exceptions, SSA must honor FOIA requests, though our policy is to do so without releasing a person's name or other personal information (as opposed to identification). SSA is generally not required to release documents if the release would interfere with SSA's ability to complete its work; as, for example, during an investigation or enforcement proceeding. Also any Federal agency may refuse a request for files or records if the release would be an unnecessary invasion of an individual's privacy.

# Social Security Administration Discrimination Complaint

## Person Allegedly Discriminated Against

Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_ — \_\_\_\_\_

Address (include City, State, Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime phone number where you can be reached (\_\_\_\_) \_\_\_\_\_

1.a. Which of the following best describes the basis for the discrimination? *(You may check more than one reason.)*

\_\_\_\_\_ DISABILITY

\_\_\_\_\_ RACE

\_\_\_\_\_ COLOR

\_\_\_\_\_ NATIONAL ORIGIN

\_\_\_\_\_ AGE

\_\_\_\_\_ SEX

\_\_\_\_\_ RELIGION

\_\_\_\_\_ RETALIATION

1.b. For each reason you checked above, please specify the particular disability, race, sex, etc.

\_\_\_\_\_  
\_\_\_\_\_

2. Describe the act(s) of discrimination. *(Clearly explain what happened and why. Be sure to include how other persons were treated differently from you or the person discriminated against. You may use extra paper if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you believe there was retaliation against you for filing or participating in a prior discrimination complaint, please explain the basis for the retaliation below.

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4.a. When did the current alleged discrimination take place?

**Earliest Date**

**Most Recent Date**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Month/Day/Year

4.b. Have you waited more than 180 days since the most recent date of the alleged discrimination to file this complaint? If so, please explain why. *(You may use additional paper if necessary.)*

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5.a. Have you filed a complaint about the same incident(s) with the Office of the General Counsel (OGC) before?

Yes \_\_\_\_\_ No \_\_\_\_\_

5.b. If yes, when: \_\_\_\_\_  
Month/Day/Year

5.c. What is the status of that prior complaint?

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6.a. Have you filed a complaint about any prior incident with OGC before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6.b. If yes, when: \_\_\_\_\_  
Month/Day/Year

6.c. What is the status of that prior complaint?

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7. Please list the names, addresses and phone numbers of any witnesses to the alleged incident(s), including Social Security employees:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.a. Have you tried to resolve this complaint with the Social Security office where the alleged discrimination took place?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

8.b. If not, why not?

\_\_\_\_\_  
\_\_\_\_\_

8.c. If yes, what happened?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.d. Name and title of the manager/supervisor who handled the complaint:

Name \_\_\_\_\_

Title \_\_\_\_\_

9.a. Have you made a complaint about this anywhere else?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

9.b. If yes, name of organization.

\_\_\_\_\_

10. Are you filing this complaint because your benefits were ceased?

\_\_\_\_\_  
\_\_\_\_\_

11. Identify Person Filing the Complaint: *(Complete if not provided previously)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone number where you can be reached (      ) \_\_\_\_\_

12. Dated Signature of Person Filing the Complaint: *(Please sign and date the complaint below. We **cannot** accept a complaint for investigation if it has not been signed.)*

Signature \_\_\_\_\_

Date \_\_\_\_\_  
Month/Day/Year

# Social Security Administration

## Discrimination Complaint - Consent and Release

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Please complete and sign this consent and release and return the consent and release to the address on the cover page.

I have read the notice about the need for and uses of personal information to investigate this discrimination complaint.

Consent: (check one)

I authorize OGC to reveal my identity to conduct the investigation of my complaint.

I do not authorize OGC to reveal my identity to conduct the investigation of my complaint.

Release: (check one)

I authorize the release of material and information about me to OGC to conduct the investigation of my complaint. (If you want OGC to restrict the release of this information in any way, please explain below in the comment section.) I further understand that OGC may also disclose this information as required by other Federal statutes, regulations and Privacy Act routine uses.

I do not authorize the release of material and information about me to OGC to conduct the investigation of my complaint. (If you want OGC to restrict the release of this information in any way, please explain below in the comment section.) I further understand that OGC may also disclose this information as required by other Federal statutes, regulations and Privacy Act routine uses.

Comments:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please keep a copy of this for your records.)